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Write only, with Fading Ink.—This is a Permanent Record.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. The certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		ORIGINAL CERTIFICATE OF BIRTH.	
County of <u>Gila</u>	District of <u>Globe</u>	Town of <u>Globe</u>	City of <u>Globe</u>
FULL NAME OF CHILD <u>Paul Galsido, Jr.</u>		Register No. <u>76</u>	Ter. Index No. <u>8/11</u>
If child is not named, make Supplemental report on blank obtainable from local registrar.		St.;	Ward)
Sex of Child <u>M</u>	Twin, Triplet or other <u>—</u>	and Number in order of birth <u>—</u>	Legitimate? <u>yes</u>
Full Name <u>Paul Galsido</u>	FATHER	Date of Birth <u>Apr 14</u>	19 <u>10</u>
Residence <u>Globe, Ariz.</u>	MOTHER <u>Olivia Salmeners</u>	Month (Day) (Year)	
Color or Race <u>Mex 1/2</u>	Age at last Birthday <u>24 yrs.</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>21 yrs.</u>
Birthplace <u>Colton, Ariz.</u>	Occupation <u>Housewife</u>	Birthplace <u>Mexico</u>	Occupation <u>Housewife</u>
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum <u>yes</u>	
MAY 14 1910			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Apr 14</u> , 19 <u>10</u> , at <u>5:30 am</u> .			
*When there is no attending physician or midwife, then the householder must make this return.			
Given or christian name added from a supplemental report <u>19</u>			
726-414-636		A TRUE COPY.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	